

Practitioner's Docket No. 7077-4



PATENT

3635/13/C
2/19/02
T.H.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Maurer, Scott
Application No.: 09/337,243
Filed: 06/22/1999
For: ARCHITECTURAL MOLDING

Group No.: 3635
Examiner: Safavi, F.

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

RECEIVED

FEB 05 2002

STATUS

2. Applicant is a small entity. A statement was already filed.

CLASS 3635

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☐ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Date: 12-13-01

Signature

John D. Delong

(type or print name of person certifying)

4. Documents Enclosed

- A. Supplemental Amendment
- B. Supplemental Information Disclosure Statement

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) Claims Remaining After Amendment		(Col. 2) Highest No. Previously Paid For	(Col. 3) Present Extra	SMALL ENTITY Rate	Addit. Fee
Total	49	Minus	48	= 1	x \$9 =	\$9
Indep.	6	Minus	6	= 0	x \$42 =	\$0
First Presentation of Multiple Dependent Claim					+ \$140 =	\$0
Total Addit. Fee						\$9

Total additional fee for claims required \$9.00

FEE PAYMENT

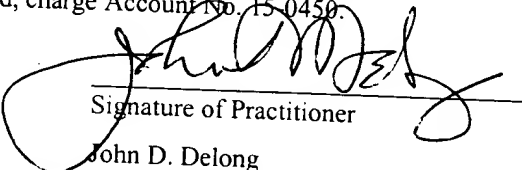
5. Attached is a check in the sum of \$9.00.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 15-0450.
If any additional fee for claims is required, charge Account No. 15-0450.

Date: 12-13-01

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Signature of Practitioner

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